

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		1000	12-71
RESPONSE FORMALITY REVIEW			

09/695 919

INDEX OF CLAIMS

Rejected _____ N _____ Non-elected
 Allowed _____ I _____ Interference
 (Through remarks) Cancelled _____ A _____ Appeal
 Restricted _____ O _____ Opposed

14/11/69

1/34/61

1/34/61

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If more than 150 claims or 10 actions
staple additional sheet here

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